

HEALTH AND HUMAN SERVICES DEPARTMENT

Linda Walsh, Interim Commissioner 1000 Commonwealth Avenue Newton, MA 02459-1544



Telephone 617.796.1420 Fax 617.552.7063 TDD/TTY 617.796.1089

AFTER SCHOOL PROGRAM & DAYCARE FOOD PERMIT WAIVER FORM

The Newton and Health and Human Services	Department will not require a food permit for:					
School:	, located at					
as long as Time / Temperature Control for Sa	afety Food (TCS) are NOT being prepared or served.					
The following is a list of foods that may be	e served without a food permit:					
Pre-packaged foods that are purchase	ed at a retail store and served as is.					
Fruits and vegetables that are washed	d, sliced and served immediately.					
Hard cheeses ONLY served with crac	kers.					
Juice, sodas, drinks etc.						
Microwave popcorn and other snacks	which do not require cooking.					
A Food Permit MUST be obtained for any foo	od item that requires cooking, heating and / or assembling.					
If the program is unsure of what is considered	d a TCS food or if a permit is needed call the Newton Health and					
Human Services Department at 617-796-142	0.					
List all foods that will be served at the above	listed location:					
A refrigeration temperature log must b	e maintained on a daily basis for any foods requiring refrigeration.					
The log shall be retained for thirty (30)	days and be available to the Newton Health and Human Services					
Department upon request.						
When approved by the Newton Health and He	uman Services Department, I agree to serve only the above listed					
foods.						
Name of Owner / Person in Charge (Print): _						
Signature:	e:Email:					
Phone:						
Signature of Inspector:	Date:					

This Waiver Expires ONE (1) YEAR from the date the Inspector approved and signed the variance.

Email: lwalsh@newtonma.gov

AFTER SCHOOL PROGRAM AND DAYCARE FOOD PERMIT WAIVER TEMPERATURE CHART

DATE	TIME	UNIT	TYPE OF FOOD IN UNIT	TEMPERATURE	CORRECTIVE ACTION TAKEN	INITIALS